

Personal History Statement – Civilian**Personal****CONFIDENTIAL**

Position applied for:

The following information is requested of you for verification and contact purposes: (USE BLUE OR BLACK INK OR TYPE)

1. Please print or type your full legal name				
Last		First		Middle
Other names (including nicknames) you have used or been known by including maiden name				
2. Residence				
Number	Street	City	State	Zip Code
3. Please list your residence phone and an alternate number for messages		() _____ Residence	() _____ <input type="checkbox"/> Other <input type="checkbox"/> Work	E-Mail
Please list mailing address if different from residence address				
Number	Street	City	State	Zip Code
4. Birthdate		Have you ever applied to the San Diego Police Department before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Month	Day	Year		
5. Social Security Number		(In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.)		
6. List and describe all tattoos: (indicate where they are located)				

Education

7. Please indicate below all the schools you have attended beginning with high school . During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.						
Name of School	Location of School (City & State)	Dates Attended		Major	Units Earned	Degree Earned
		From	To			
8. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools – any formal education beyond the high school level.) <input type="checkbox"/> Yes <input type="checkbox"/> No						
If "yes" please explain (include school, date, and circumstances): _____						

Personal History Statement – Civilian

References, Acquaintances

Type or print your name _____

9. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives, former employers and co-workers. Example: neighbors, teachers, classmates, family friends, roommates, etc.

Name	Address where person can be contacted (Include City, State and Zip Code)	Telephone/E-Mail	
	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work/Other	DNS <input type="checkbox"/>
Occupation	E-Mail	Home	LS <input type="checkbox"/>
	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work/Other	DNS <input type="checkbox"/>
Occupation	E-Mail	Home	LS <input type="checkbox"/>
	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work/Other	DNS <input type="checkbox"/>
Occupation	E-Mail	Home	LS <input type="checkbox"/>
	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work/Other	DNS <input type="checkbox"/>
Occupation	E-Mail	Home	LS <input type="checkbox"/>
	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work/Other	DNS <input type="checkbox"/>
Occupation	E-Mail	Home	LS <input type="checkbox"/>

10. Please list 3-5 individuals such as co-workers and supervisors who have knowledge of you and your qualifications. Exclude relatives. Past co-workers and supervisors are acceptable.

	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work/Other	DNS <input type="checkbox"/>
Employer	E-Mail	Home	LS <input type="checkbox"/>
	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work/Other	DNS <input type="checkbox"/>
Employer	E-Mail	Home	LS <input type="checkbox"/>
	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work/Other	DNS <input type="checkbox"/>
Employer	E-Mail	Home	LS <input type="checkbox"/>
	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work/Other	DNS <input type="checkbox"/>
Employer	E-Mail	Home	LS <input type="checkbox"/>
	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work/Other	DNS <input type="checkbox"/>
Employer	E-Mail	Home	LS <input type="checkbox"/>

11. Below, please list those individuals with whom you have resided during the last 3 years (list no information prior to your 15th birthday. Exclude family members. If more space is needed, please continue on page 16.

	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work/Other	<input type="checkbox"/>
Occupation	E-Mail	Home	
	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work/Other	<input type="checkbox"/>
Occupation	E-Mail	Home	
	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work/Other	<input type="checkbox"/>
Occupation	E-Mail	Home	
	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work/Other	<input type="checkbox"/>
Occupation	E-Mail	Home	
	<input type="checkbox"/> Home <input type="checkbox"/> Work	Work/Other	<input type="checkbox"/>
Occupation	E-Mail	Home	

Personal History Statement – Civilian

Experience and Employment

Type or print your name _____

13. Beginning with your most current employment, please list all jobs (including part-time, temporary, and voluntary positions) you have held in the past 7 years. (For the purposes of this personal history statement, voluntary work should be included as employment.) For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces provided. Include military service as employment.

Dates of employment	Name and complete address of employer, include zip code		DNS		LS		Name of supervisor	
From Mo. / Yr. To Mo. / Yr. <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary							E-Mail	
	HR E-Mail		Telephone No.		Name & e-mail of co-worker(s)			
	Title or duties (for identification purposes)		Salary		Name			
					E-Mail			
					Name			
					E-Mail			

Reason for leaving (be specific)

<input type="checkbox"/> Not employed		From	Mo. / Yr.	To	Mo. / Yr.
---------------------------------------	--	------	-----------	----	-----------

Dates of employment	Name and complete address of employer, include zip code		DNS		LS		Name of supervisor	
From Mo. / Yr. To Mo. / Yr. <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary							E-Mail	
	HR E-Mail		Telephone No.		Name & e-mail of co-worker(s)			
	Title or duties (for identification purposes)		Salary		Name			
					E-Mail			
					Name			
					E-Mail			

Reason for leaving (be specific)

<input type="checkbox"/> Not employed		From	Mo. / Yr.	To	Mo. / Yr.
---------------------------------------	--	------	-----------	----	-----------

Dates of employment	Name and complete address of employer, include zip code		DNS		LS		Name of supervisor	
From Mo. / Yr. To Mo. / Yr. <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary							E-Mail	
	HR E-Mail		Telephone No.		Name & e-mail of co-worker(s)			
	Title or duties (for identification purposes)		Salary		Name			
					E-Mail			
					Name			
					E-Mail			

Reason for leaving (be specific)

<input type="checkbox"/> Not employed		From	Mo. / Yr.	To	Mo. / Yr.
---------------------------------------	--	------	-----------	----	-----------

Dates of employment	Name and complete address of employer, include zip code		DNS		LS		Name of supervisor	
From Mo. / Yr. To Mo. / Yr. <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary							E-Mail	
	HR E-Mail		Telephone No.		Name & e-mail of co-worker(s)			
	Title or duties (for identification purposes)		Salary		Name			
					E-Mail			
					Name			
					E-Mail			

Reason for leaving (be specific)

<input type="checkbox"/> Not employed		From	Mo. / Yr.	To	Mo. / Yr.
---------------------------------------	--	------	-----------	----	-----------

Personal History Statement – Civilian

Relatives

Print your name _____

12. During the course of the background investigation, your family and other relatives will be asked to comment upon your suitability for the position. Supply the appropriate information in the spaces provided below. If a category is not applicable, print "N/A" in the box provided for the name.

Name of your:		Residence Address (include Zip Code)	Telephone (include Area Code)	
Spouse			Home	
Occupation	Age	E-Mail	Work	<input type="checkbox"/>
Father			Home	
Occupation	Age	E-Mail	Work	<input type="checkbox"/>
Mother			Home	
Occupation	Age	E-Mail	Work	<input type="checkbox"/>
Stepfather			Home	
Occupation	Age	E-Mail	Work	<input type="checkbox"/>
Stepmother			Home	
Occupation	Age	E-Mail	Work	<input type="checkbox"/>
Father-in-law			Home	
Occupation	Age	E-Mail	Work	<input type="checkbox"/>
Mother-in-law			Home	
Occupation	Age	E-Mail	Work	<input type="checkbox"/>
Brother			Home	
Occupation	Age	E-Mail	Work	<input type="checkbox"/>
Brother			Home	
Occupation	Age	E-Mail	Work	<input type="checkbox"/>
Brother			Home	
Occupation	Age	E-Mail	Work	<input type="checkbox"/>
Sister			Home	
Occupation	Age	E-Mail	Work	<input type="checkbox"/>
Sister			Home	
Occupation	Age	E-Mail	Work	<input type="checkbox"/>
Sister			Home	
Occupation	Age	E-Mail	Work	<input type="checkbox"/>
Sister			Home	
Occupation	Age	E-Mail	Work	<input type="checkbox"/>
Stepbrother			Home	
Occupation	Age	E-Mail	Work	<input type="checkbox"/>
Stepsister			Home	
Occupation	Age	E-Mail	Work	<input type="checkbox"/>

Personal History Statement – Civilian

Experience and Employment

Continued

Type or print your name

Dates of employment From Mo. / Yr. To Mo. / Yr. <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Name and complete address of employer, include zip code DNS LS HR E-Mail Telephone No. Title or duties (for identification purposes) Salary		Name of supervisor E-Mail Name & e-mail of co-worker(s) Name E-Mail Name E-Mail	
Reason for leaving (be specific)					
<input type="checkbox"/> Not employed From Mo. / Yr. To Mo. / Yr.					
Dates of employment From Mo. / Yr. To Mo. / Yr. <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Name and complete address of employer, include zip code DNS LS HR E-Mail Telephone No. Title or duties (for identification purposes) Salary		Name of supervisor E-Mail Name & e-mail of co-worker(s) Name E-Mail Name E-Mail	
Reason for leaving (be specific)					
<input type="checkbox"/> Not employed From Mo. / Yr. To Mo. / Yr.					
Dates of employment From Mo. / Yr. To Mo. / Yr. <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Name and complete address of employer, include zip code DNS LS HR E-Mail Telephone No. Title or duties (for identification purposes) Salary		Name of supervisor E-Mail Name & e-mail of co-worker(s) Name E-Mail Name E-Mail	
Reason for leaving (be specific)					
<input type="checkbox"/> Not employed From Mo. / Yr. To Mo. / Yr.					
Dates of employment From Mo. / Yr. To Mo. / Yr. <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Name and complete address of employer, include zip code DNS LS HR E-Mail Telephone No. Title or duties (for identification purposes) Salary		Name of supervisor E-Mail Name & e-mail of co-worker(s) Name E-Mail Name E-Mail	
Reason for leaving (be specific)					
<input type="checkbox"/> Not employed From Mo. / Yr. To Mo. / Yr.					

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Experience and Employment

Continued

Type or print your name

Dates of employment From Mo. / Yr. To Mo. / Yr. <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Name and complete address of employer, include zip code DNS LS HR E-Mail Telephone No. Title or duties (for identification purposes) Salary		Name of supervisor E-Mail Name & e-mail of co-worker(s) Name E-Mail Name E-Mail	
Reason for leaving (be specific)					
<input type="checkbox"/> Not employed		From		Mo. / Yr. To Mo. / Yr.	
Dates of employment From Mo. / Yr. To Mo. / Yr. <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Name and complete address of employer, include zip code DNS LS HR E-Mail Telephone No. Title or duties (for identification purposes) Salary		Name of supervisor E-Mail Name & e-mail of co-worker(s) Name E-Mail Name E-Mail	
Reason for leaving (be specific)					
<input type="checkbox"/> Not employed		From		Mo. / Yr. To Mo. / Yr.	
Dates of employment From Mo. / Yr. To Mo. / Yr. <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Name and complete address of employer, include zip code DNS LS HR E-Mail Telephone No. Title or duties (for identification purposes) Salary		Name of supervisor E-Mail Name & e-mail of co-worker(s) Name E-Mail Name E-Mail	
Reason for leaving (be specific)					
<input type="checkbox"/> Not employed		From		Mo. / Yr. To Mo. / Yr.	
Dates of employment From Mo. / Yr. To Mo. / Yr. <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Name and complete address of employer, include zip code DNS LS HR E-Mail Telephone No. Title or duties (for identification purposes) Salary		Name of supervisor E-Mail Name & e-mail of co-worker(s) Name E-Mail Name E-Mail	
Reason for leaving (be specific)					
<input type="checkbox"/> Not employed		From		Mo. / Yr. To Mo. / Yr.	
Dates of employment From Mo. / Yr. To Mo. / Yr. <input type="checkbox"/> Present <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary		Name and complete address of employer, include zip code DNS LS HR E-Mail Telephone No. Title or duties (for identification purposes) Salary		Name of supervisor E-Mail Name & e-mail of co-worker(s) Name E-Mail Name E-Mail	
Reason for leaving (be specific)					
<input type="checkbox"/> Not employed		From		Mo. / Yr. To Mo. / Yr.	

Personal History Statement – Civilian

Experience and Employment

Continued

Type or print your name _____

14. Have you ever held employment under another name? ☐ Yes ☐ No

If "yes," please explain (include when, where, circumstances) (include maiden name).

Name Used

Employer

Name Used

Employer

15. Have you ever been fired or asked to resign from any place of employment? ☐ Yes ☐ No

If "yes," please give details (include when, where, circumstances). If more room is needed, explain on page 16.

Date _____

Employer

Date _____

Employer

16. Have you ever been suspended by an employer? ☐ Yes ☐ No

If "yes," please give details (include when, where, circumstances). If more room is needed, explain on page 17.

Date _____

Employer

17. Have you ever been investigated by your employer or supervisor for improper conduct, illegal activities, sexual harassment or Equal Employment Violations which resulted in your being found in violation of any policies, regulations, rules, or any State or Federal laws?

☐ Yes ☐ No *If yes, please provide the following information.*

Date _____

Employer

Details and results of investigation

18. Have you ever received a formal written reprimand from an employer? ☐ Yes ☐ No *If yes, please explain.*

Date _____

Employer

Circumstances

Military Service

Type or print your name

19. Did you comply with the draft registration law? <input type="checkbox"/> Yes <input type="checkbox"/> No		Selective Service Number	
20. Have you ever served in any of the Armed Forces, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. If yes, what is your current status with the military? <input type="checkbox"/> Active <input type="checkbox"/> Reserves <input type="checkbox"/> Inactive <input type="checkbox"/> Discharged			
Branch of Service	Unit / Occupation	Enlistment Date	Discharge Date
Service Number	Highest Rank Attained	Rank at Discharge	Type of Discharge
Separation Code	Re-enlistment Code	If active or current reserve, list your Commanding Officer's name	
22. Were you ever investigated for any criminal activity while in the military or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain.</i>			
23. Have you ever been reduced in pay grade or been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain.</i>			
Approximate Date	Violation	Penalty	
24. Did you receive an honorable discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you received a discharge other than honorable, please explain.</i>			

[illegible]

Personal History Statement – Civilian

Legal

Type or print your name

26. Have you ever been convicted of a Felony? ☐ Yes ☐ No

27. Have you ever been convicted of a Misdemeanor? ☐ Yes ☐ No

28. Have you ever been charged with a Felony, in which the charges were reduced to a Misdemeanor? ☐ Yes ☐ No

If yes to any question above, provide the following information. Start with the most recent.

Date	Charges	Police Agency	Penalty

Explain circumstances

Date	Charges	Police Agency	Penalty

Explain circumstances

Date	Charges	Police Agency	Penalty

Explain circumstances

29. Either as an adult or a juvenile, have you ever been arrested or charged with a criminal act? (not listed above) ☐ Yes ☐ No

Includes charges that were dismissed, dropped, or reduced. If yes, provide the following information. Start with the most recent.

Date	Charges	Police Agency	Results

Explain circumstances

Date	Charges	Police Agency	Results

Explain circumstances

Personal History Statement – Civilian

Type or print your name

Legal Continued

30. Either as an adult or a juvenile, have you ever been detained for a criminal investigation, or named as a suspect in a police report, or held on suspicion, or questioned or fingerprinted by any law enforcement agency or military authority? ☐ Yes ☐ No
If yes, provide the following information.

Date	Charges or reason for investigation	Police Agency

Explain circumstances

Date	Charges or reason for investigation	Police Agency

Explain circumstances

31. Have you ever received a misdemeanor citation in lieu of going to jail? ☐ Yes ☐ No

If yes, explain on page 28, giving details, dates and name of the law enforcement agency issuing the citation.

32. Have you ever been placed on court probation? ☐ Yes ☐ No Are you currently on probation? ☐ Yes ☐ No If yes to either question, explain below, giving all details, dates and reason. If you were on probation more than once, please indicate below.

Date	Details

33. Have you ever violated probation? ☐ Yes ☐ No If yes, please explain.

34. Have you ever had a warrant issued for your arrest or have you ever failed to appear in court on a criminal matter?

☐ Yes ☐ No If yes, please explain on page 16.

35. Have you ever been reported to a law enforcement agency as a missing person or runaway? ☐ Yes ☐ No If yes, please explain.

Date	Details

36. Were you ever required to appear before a juvenile court for an act which would have been a crime if committed by an adult? ☐ Yes ☐ No If yes, explain giving details, dates and location.

Date	Details

Personal History Statement – Civilian

Type or print your name

Legal Continued

37. Have you ever applied for a permit to carry a concealed weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide the following information.</i>		
Date applied	Was permit granted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weapon?
Name of agency were applied (City, County & State)		
For what purpose?		

38. Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? <input type="checkbox"/> Yes <input type="checkbox"/> No Ever had a judgement rendered against you? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes to either question, provide the following information.</i>		
Date	Location of Court	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Details		
Date	Location of Court	<input type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant
Details		

39. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons, which advocated or advocates, the overthrow of our constitutional form of government by any means other than the democratic procedures provided by our present form of government? <input type="checkbox"/> Yes <input type="checkbox"/> No	
40. Are you now or have you ever been a member of any organization, association, movement, group or combination of persons, which advocated or advocates, acts of force or violence to deny other persons their rights under the Constitution of the United States by unconstitutional means? <input type="checkbox"/> Yes <input type="checkbox"/> No	
41. Are you now associating with or have you ever associated with any individuals, including relatives, who you know or have reason to believe are or have been members of any of the type of organizations identified above? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes to any of the above three questions, please explain.</i>	

42. Have you ever participated in an unlawful demonstration? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain.</i>

43. Are you now or have you ever been associated with any organization, movement or group who engages in civil disobedience? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain.</i>

Personal History Statement – Civilian

Type or print your name

Traffic History / Motor Vehicle Operation

OPERATION OF A MOTOR VEHICLE MAY BE AN INTEGRAL PART OF THE POSITION. AN INVESTIGATION OF YOUR DRIVING HISTORY WILL BE MADE.

44. California driver's license number	Class or type	Expiration date
45. Name under which license was granted	Other names used (married names)	

46. List other states where you are or have been licensed to operate a motor vehicle.			
State	State	State	State
Name under license issued	Name under license issued	Name under license issued	Name under license issued
Number	Number	Number	Number

47. Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain. (Give State, dates and reasons.)</i>

48. Have you ever applied for or obtained a driver's license or state identification card under a fictitious name or date of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain. (Give State, dates and reasons.)</i>

49. Has your driver's license ever been suspended, revoked or placed on negligent operator's probation by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain. (Give State, dates and reasons.)</i>

50. Have you ever failed to appear in court on a traffic citation or parking citation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide the following information.</i>			
Approx. Date	Traffic Violation	City / County / State	Reason you failed to appear

51. Have you ever had a warrant issued for you regarding a traffic citation or parking citation? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, provide the following information.</i>			
Approx. Date	Traffic Violation	City / County / State	Penalty

Personal History Statement – Civilian

Type or print your name _____

Traffic History / Motor Vehicle Operation

Continued

52. Have you ever received a traffic citation? ☐ Yes ☐ No *If yes, list all traffic citations for the last 7 years. Start with most recent citation.*

Month / Year	Traffic Violation	City & State	What action resulted? Dismissed, Fine, Traffic School

53. List all vehicles that you own and/or that are registered to you. (Include vehicles you use frequently)

Year	Make / Model	Color	License Number & State	Is the vehicle currently registered?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

54. As a driver, have you ever been involved in a motor vehicle accident? ☐ Yes ☐ No *If yes, provide the following information.*

Date	City and State	Were you at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency that took the report		Was there a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Did the accident cause injury to another person? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was the accident a hit & run? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date	City and State	Were you at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency that took the report		Was there a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Did the accident cause injury to another person? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was the accident a hit & run? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date	City and State	Were you at fault? <input type="checkbox"/> Yes <input type="checkbox"/> No
Police agency that took the report		Was there a police report taken? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Did the accident cause injury to another person? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Were you cited or arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Was the accident a hit & run? <input type="checkbox"/> Yes <input type="checkbox"/> No

55. As a driver, have you ever been involved in an accident where you left the scene without identifying yourself? ☐ Yes ☐ No
(Hit & Run) *If yes, please explain.*

Personal History Statement – Civilian

Type or print your name _____

Prior Applications

56. Have you ever applied to the **San Diego Police Department** before? (for any position) ☐ Yes ☐ No *If yes, please provide the date, the position and results. Check all boxes that apply. Do not include this current application.*

Date applied	Position
<input type="checkbox"/> Submitted Application only <input type="checkbox"/> Took written test <input type="checkbox"/> Took PAT test <input type="checkbox"/> Interviewed <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Took Polygraph <input type="checkbox"/> Was not selected <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application <input type="checkbox"/> Expired from list <input type="checkbox"/> Other:	
Date applied	Position
<input type="checkbox"/> Submitted Application only <input type="checkbox"/> Took written test <input type="checkbox"/> Took PAT test <input type="checkbox"/> Interviewed <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Took Polygraph <input type="checkbox"/> Was not selected <input type="checkbox"/> Disqualified <input type="checkbox"/> Hired or job offer made <input type="checkbox"/> Withdrew application <input type="checkbox"/> Expired from list <input type="checkbox"/> Other:	

Applications With Other Agencies

57. Have you **ever** applied for any other law enforcement agency? (City, County, State or Federal Agencies) ☐ Yes ☐ No *If yes, list every agency you have applied with. Start with most recent. Give complete, accurate addresses. All agencies MUST be listed regardless of outcome or current status. Check all boxes that apply for each agency.*

Name of agency and complete address including zip code	Date applied
	Position
<input type="checkbox"/> Submitted Application only <input type="checkbox"/> Took written test <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Interviewed <input type="checkbox"/> Failed oral board <input type="checkbox"/> Passed interview <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Took Polygraph <input type="checkbox"/> Background Pending <input type="checkbox"/> Hired / Job offer made <input type="checkbox"/> Was not selected <input type="checkbox"/> Disqualified <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application	
What was your background investigator's name and phone number?	Phone

Name of agency and complete address including zip code	Date applied
	Position
<input type="checkbox"/> Submitted Application only <input type="checkbox"/> Took written test <input type="checkbox"/> Placed on eligibility list <input type="checkbox"/> Interviewed <input type="checkbox"/> Failed oral board <input type="checkbox"/> Passed interview <input type="checkbox"/> Submitted Personal History Statement <input type="checkbox"/> Background Investigation conducted <input type="checkbox"/> Took Polygraph <input type="checkbox"/> Background Pending <input type="checkbox"/> Hired / Job offer made <input type="checkbox"/> Was not selected <input type="checkbox"/> Disqualified <input type="checkbox"/> Unknown status <input type="checkbox"/> No response from agency <input type="checkbox"/> Withdrew application	
What was your background investigator's name and phone number?	Phone

58. Have you ever held a full-time or part-time position with peace officer powers? (Prior police experience includes police officer, police reserves, military police) ☐ Yes ☐ No *If yes, list the dates, employer/agency, rank and duties. Start with the most recent.*

Dates	Employer / Agency	Rank
Duties / Assignments		

Personal History Statement – Civilian

Type or print your name _____

Marital Status

59. ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Annulled ☐ Divorced

Full Name of Spouse	Maiden Name	Other Names Spouse has used	Date of Birth	Age
Date of Marriage	Place of Marriage (City, County & State)		E-Mail	
Spouse's Employer		Occupation or Position	How Long Employed	
Current Address of Spouse if not living with you		Home Phone (area code)	Work Phone (area code)	

60. If divorced, widowed or had an annulment, provide the following information.

Full Name of Former Spouse		Maiden Name	Other Names Spouse has used		Date of Birth	Age
Date of Marriage		Place of Marriage (City, County & State)			E-Mail	
Former Spouse's Employer			Occupation or Position		How Long Employed	
Current Address of Former Spouse or last known address			Home Phone (area code)		Work Phone (area code)	
Date Filed for Divorce	City, County, State of Divorce				Is Divorce Final? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Full Name of Former Spouse		Maiden Name	Other Names Spouse has used		Date of Birth	Age
Date of Marriage		Place of Marriage (City, County & State)			E-Mail	
Former Spouse's Employer			Occupation or Position		How Long Employed	
Current Address of Former Spouse or last known address			Home Phone (area code)		Work Phone (area code)	
Date Filed for Divorce	City, County, State of Divorce				Is Divorce Final? <input type="checkbox"/> Yes <input type="checkbox"/> No	

61. List any additional experience or qualifications you have which may be beneficial.

Personal History Statement – Civilian

Type or print your name

Financial

62. The management of personal finances is relevant to an individual's qualifications for a position within the Police Department. Please provide the following information. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Current Monthly Income			Current Monthly Expenditures		
Monthly Salary	\$		Real Estate (mortgage) Payments	\$	
Spouse's Salary			Rent		
Other Income			Credit Cards (charge accounts)		
Other Income			Utilities and Other Monthly Payments		
TOTAL MONTHLY INCOME	\$		TOTAL MONTHLY EXPENDITURES	\$	

Current Assets			Current Liabilities		
Savings	\$		Real Estate Indebtedness	\$	
Checking			Long Term Loans		
Real Estate			Credit Cards (Total amount of charge accounts)		
Stocks & Bonds			Other Liabilities		
Life Insurance (Cash value of whole life policy)			Other Liabilities		
Autos			Other Liabilities		
Other Assets			Other Liabilities		
TOTAL ASSETS			TOTAL LIABILITIES		

63. Please list all banks or savings institutions where you have current accounts.

Bank	Address	<input type="checkbox"/> Checking <input type="checkbox"/> Savings How long there? Yrs.: Mos.:
Bank	Address	<input type="checkbox"/> Checking <input type="checkbox"/> Savings How long there? Yrs.: Mos.:

64. Please list information on all of your current (open) charge accounts, loans, financial contracts and long-term liabilities.

Name of Creditor, Bank, Firm or Lender	Reason for Debt	Monthly Payment	Current Balance	List the number of times you have been late 30 days or more
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

Personal History Statement – Civilian

Type or print your name

Financial

Continued

65. Have you ever filed for or declared bankruptcy? ☐ Yes ☐ No *If yes, please explain reasons below.*

Date	Reasons

66. Have you ever been delinquent on income or other tax payments? ☐ Yes ☐ No *If yes, was it more than once?* ☐ Yes ☐ No

Date	Reasons (give the year(s) involved and the current status)

67. Have you ever had your wages attached or garnisheed? ☐ Yes ☐ No

Date	Reasons

68. Have you ever had any of your bills, accounts or loans turned over to a collection agency? ☐ Yes ☐ No *If yes, list all accounts.*

Date	Account / current status
Date	Account / current status
Date	Account / current status
Date	Account / current status

69. Have you ever had any purchased goods, vehicles, property or any items repossessed? (This includes voluntary repossession) ☐ Yes ☐ No

Date	Reasons

70. Have you ever been refused credit? ☐ Yes ☐ No

Date	Reasons

71. Are you currently an owner, partner or investor in any business enterprise that requires the attainment of a Federal, State, County or City permit or license to operate? ☐ Yes ☐ No

Name and Type of Business & Address

72. If employed by this agency, do you anticipate any other income other than your city salary or spouse's salary? ☐ Yes ☐ No
If yes, what?

--

Personal History Statement – Civilian

Type or print your name _____

Residence

73. List all of your residences during the last 20 years. List no information prior to your 15th birthday. Begin with your most current residence.

[illegible]

Personal History Statement – Civilian

General Information

Type or print your name

USE THIS PAGE FOR ANY ADDITIONAL INFORMATION

If you are responding to a question, please write the number of the question.

I UNDERSTAND THAT ANY APPOINTMENT TENDERED ME WILL BE CONTINGENT UPON THE RESULTS OF A THOROUGH BACKGROUND INVESTIGATION. I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS PERSONAL HISTORY STATEMENT ARE TRUE AND COMPLETE AND I UNDERSTAND THAT ANY DISCREPANCIES, MISSTATEMENTS, OMISSIONS AND/OR FALSIFICATIONS WILL CAUSE MY NAME TO BE REMOVED FROM THE ELIGIBLE LIST, OR BE CAUSE FOR IMMEDIATE DISMISSAL IF AN APPOINTMENT WAS MADE.

I HAVE READ THE ABOVE STATEMENT AND PRIOR TO SUBMITTING MY PERSONAL HISTORY STATEMENT, I HAVE REVIEWED IT CAREFULLY FOR ACCURACY.

FULL SIGNATURE

DATE

LEAVE BLANK

DATE OF PACKET REVIEW WITH APPLICANT:

DATE

B.I.

